



Do you have any physical, mental or medical impairment or disability that would limit your job performance in the position for which you are applying?  Yes  No

If yes, please explain. \_\_\_\_\_

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?  Yes  No

If yes, please indicate. \_\_\_\_\_

List professional, trade, business or civic activities and offices held.

(Exclude those which indicate race, color, religion, sex, national origin, age, handicap, marital status, sexual orientation, or political affiliation or belief).

---

---

---

---

---

---

---

---

Give name, address and telephone number of three personal references who are not related to you and are not previous employers.

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, national origin, age, handicap, marital status, sexual orientation, or political affiliation or belief. You may attach a resume to supplement, the information requested below. Failure to provide all of the requested information may, however, result in the disqualification of your application. If you need additional space, please continue on a separate sheet of paper.

Employer	Dates Employed From                      To		Work Performed
Address			
Job Title	Hourly Rate or Annual Salary Starting                      Final		
Supervisor	Phone		
Reason for leaving			
Employer	Dates Employed From                      To		Work Performed
Address			
Job Title	Hourly Rate or Annual Salary Starting                      Final		
Supervisor	Phone		
Reason for leaving			
Employer	Dates Employed From                      To		Work Performed
Address			
Job Title	Hourly Rate or Annual Salary Starting                      Final		
Supervisor	Phone		
Reason for leaving			
Employer	Dates Employed From                      To		Work Performed
Address			
Job Title	Hourly Rate or Annual Salary Starting                      Final		
Supervisor	Phone		
Reason for leaving			

# Education

	Elementary School	High School	College/University Trade or Vocational School	Graduate/ Professional
School name				
Grade Completed (Circle highest level completed)	4 5 6 7 8	9 10 11 12	1 2 3 4	
Diploma/Degree				
Describe course of study				
Describe specialized training, apprenticeship, skills and/or extra- curricular activities				

Honors received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

State any additional information, including special skills and qualifications acquired, that you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Agreement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary to make an employment decision. I further authorize my former employers, and other references listed herein, to furnish Community Action Council for Lexington-Fayette, Bourbon, Harrison and Nicholas Counties with information regarding my performance, work habits and such other information as it may require to consider my application for employment. I understand that this application is not and is not intended to be a contract of employment. In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and procedures of Community Action Council.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Name-Type or Print)

\_\_\_\_\_  
(Date)

# Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation, or political affiliation or belief.

The information requested on this page is used for statistical purposes and to permit our equal opportunity staff to monitor the recruitment and hiring process.

Upon receipt of your application, this page will be detached and referred to our equal opportunity staff which will use it for monitoring and data collection purposes only.

The information contained on this page will not be made available to the employee or employees with administrative responsibilities for any position for which you may be considered.

---

## PLEASE PRINT

Date: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  
 Walk-in  Employment Agency  Other \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Affirmative Action Survey

This data is for analysis and affirmative action purposes only. Submission of information about a disability is voluntary.

Date of birth: \_\_\_\_\_

Check one:  Male  Female

Check one of the following Race/Ethnic Group:  White  Black  Hispanic  Other \_\_\_\_\_  
(Please specify.)  
 American Indian/Alaskan  Native Asian/Pacific Islander

Check if applicable:  Disabled Individual